

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

Valley Medical Center. Where you are the center.

Health care providers often cannot treat or care for children without consent from parents or legal guardians. This can cause problems when parents or guardians cannot be reached by the provider to obtain consent in non-emergency situations, or when further treatment is indicated after an emergency has been stabilized. An advance authorization for the person(s) caring for your child can help in these situations. Such an authorization also can be useful in emergency situations, even though consent to treat is generally implied in emergency situations.

- ◆ **Complete this form and leave it with the person who is responsible for your child in your absence.**
- ◆ **In case of a need for medical treatment this form should be brought with the child to the hospital or provider.**

I, _____, the natural parent / legal guardian of _____ authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I understand that consent to treat is generally implied in emergency situations, and I waive my right of informed consent to such treatment as well as to further treatment that the physician would deem advisable during the time I cannot be contacted.

Signature of parent / guardian Address City State Zip Code

____/____/____ (____) _____ _____ _____
Date Home Phone Witness Witness

Child's Information

Child's name _____ Birthdate ____/____/____

Allergies (including drug reactions) _____

Chronic illnesses _____

Regular medications _____

Blood type _____ Date of last Tetanus Immunization ____/____/____

Other information _____

Child's physician _____

Physician's phone number (____) _____

Mother's day-time phone (____) _____ Father's day-time phone (____) _____

Insurance coverage _____

Group number _____

Membership number _____

Employer _____



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